

Name  
in  
Full

No Name *Amelia* Still Born

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Town	County	MARYLAND		
Died at	<i>Han'd Gvnd</i>	Harford	Months	Days
Date of death 19	Month	Day	Age	Years
Sex	Color or Race	White	Birth-place	<i>Han'd Gvnd</i>
Occupation	Where Residing if not st place of death <i>at place of death</i>			
Married, Single or Widowed	Sign	Name of Wife or Husband	<i>None</i>	
Father's Name	<i>Frank E. Quisbroek</i>		Father's Birthplace	<i>Cecil Co. Md.</i>
Mother's Maiden Name	<i>Tilda Lamont</i>		Mother's Birthplace	<i>Cecil Co. Md.</i>
Name of person giving Information	<i>Tilda Lamont</i>		How related to deceased	Mother

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary

*Still Born*

8

V

How long

Immediate

"

Are the name, age, sex, color, date  
and place correctly given above?

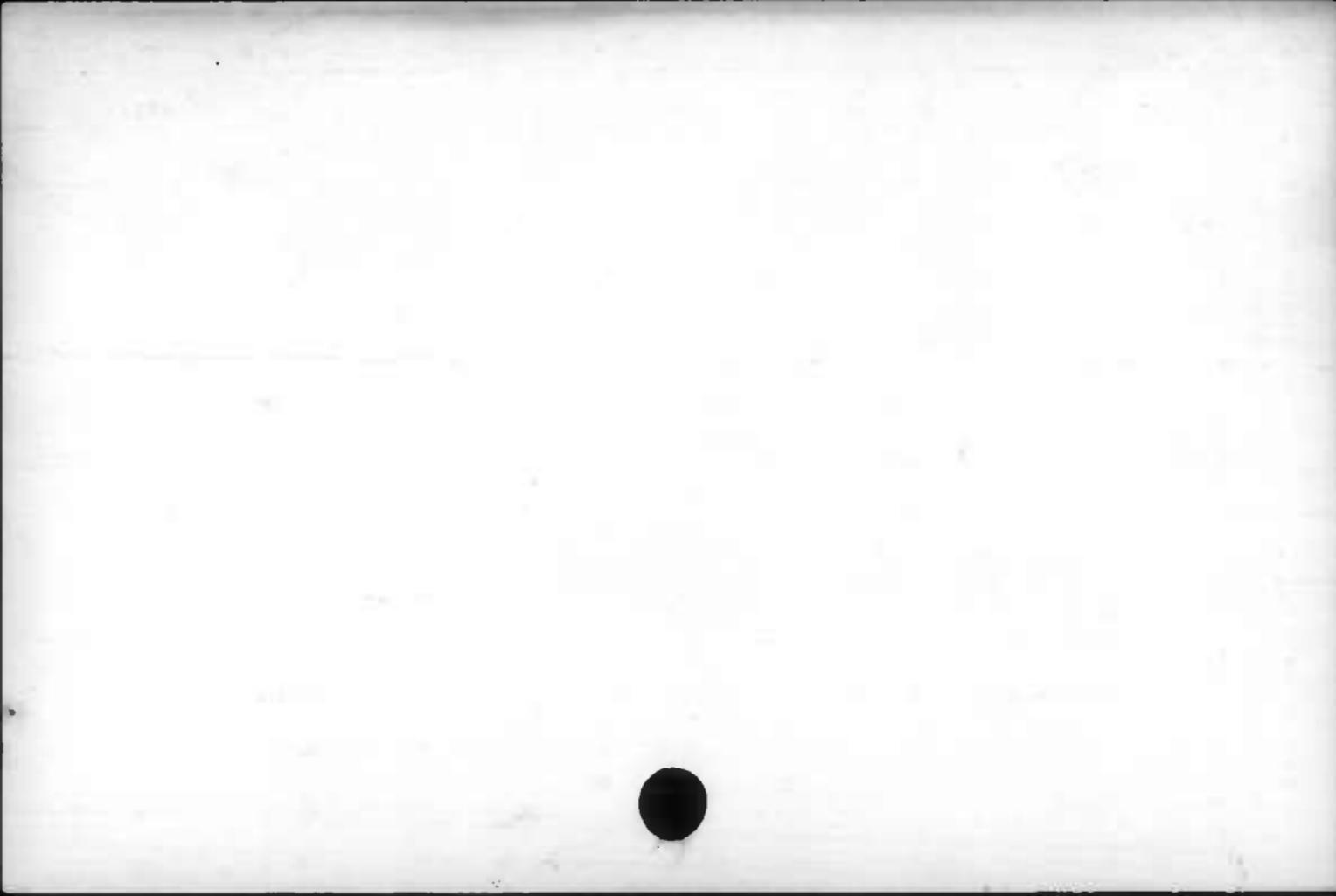
*yes*

Signature of  
Physician

*J.W. Steiner*  
*Han'd Gvnd*

Address

Accident or Suicide



Name  
in  
Full

Eva Grace Batters

CERTIFICATE OF DEATH

To BE ANSWERED BY  
NEAREST FRIEND

Died at Narrieville		Town Harford		County		MARYLAND		
Date of death 1940	Month Meh	Day 13	Age 7	Years	Months 9	Days 17	Birth- place Balto. City	
Sex Female	Color or Race White	Where Residing if not at place of death Narrieville Md						
Occupation								
Married, Single or Widowed	Name of Wife or Husband							
Father's Name Emory E. Batters			Father's Birthplace Harford Co, Md					
Mother's Maiden Name Jennie R. Karr			Mother's Birthplace Balto. Co, Md					
Name of person giving Information Emory E. Batters			How related to deceased Father					

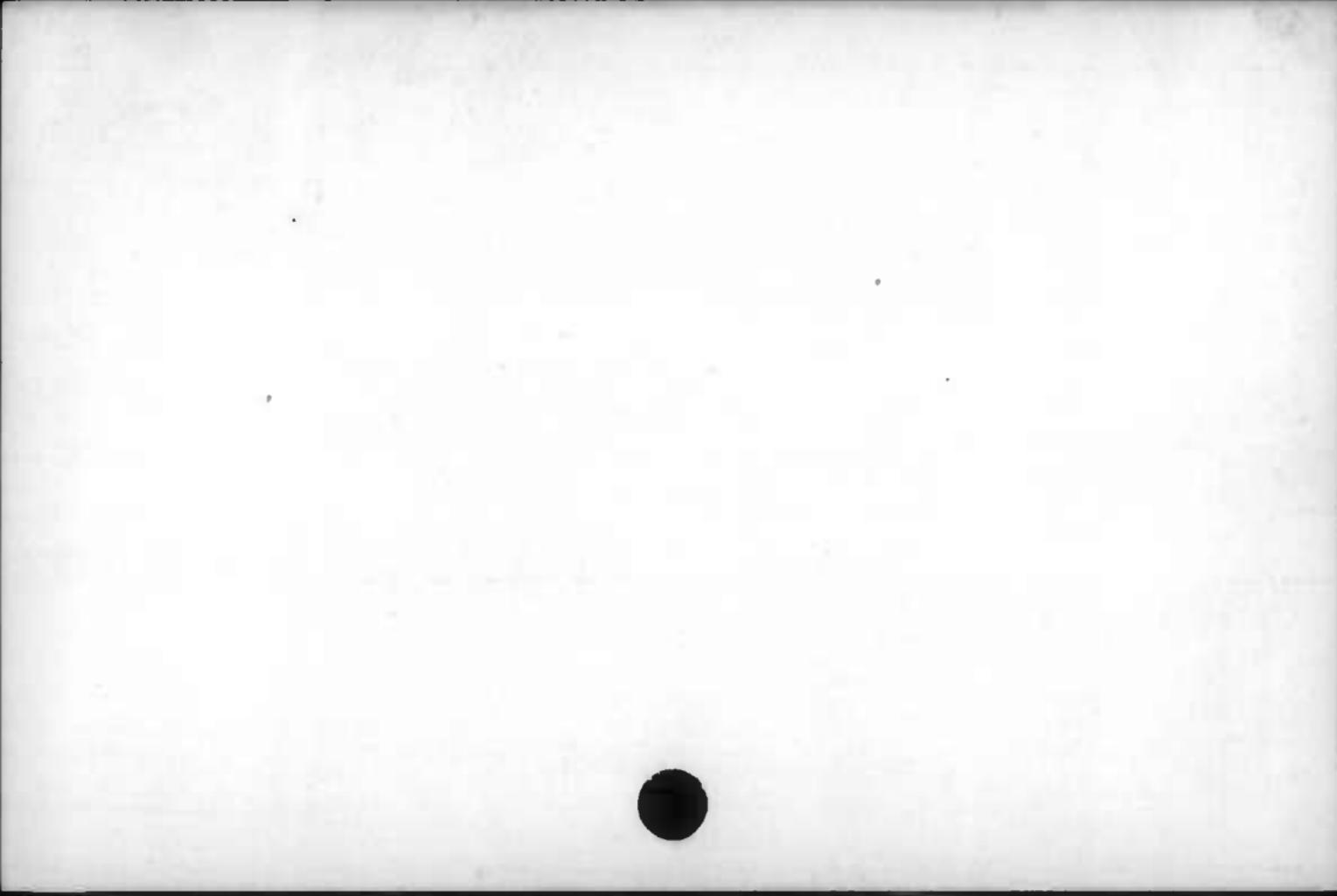
CAUSES OF DEATH

120

✓

PHYSICIAN  
OR CORONER

Primary Chronic Difflered Nephritis. Urtical Rashitis -	How long about 3 years
Immediate Cardiac Dilatation - General droopy.	How long 4 weeks
Are the name, age, sex, color, date and place correctly given above? Yes	Signature of Physician H. F. Smithson Address New Park Pa
Accident or Suicide?	



Name  
in  
Full

Thaddeus C. Blair

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at Town County MARYLAND  
Forest Hill Harford  
Died at Month Year Months Dey  
Date of death 1900 Mar. 19 1 1  
Sex Male Color or Recd  
Occupation Tanner Where Residing if not  
at place of death  
Married, Single or Widowed  
Name of Wife or Husband  
Father's Name Thaddeus Stevens  
Mother's Maiden Name Mariah Blair  
Name of person giving Information Frank B. West

Birth-place Pa.

Father's Birthplace Pa.  
Mother's Birthplace Pa.  
How related to deceased Cousin

79

How long

2 years

How long

Primary

Heart disease

Immediate

Heart failure

Are the name, age, sex, color, date  
and place correctly given above?

Yes

Signature of  
Physician

Address

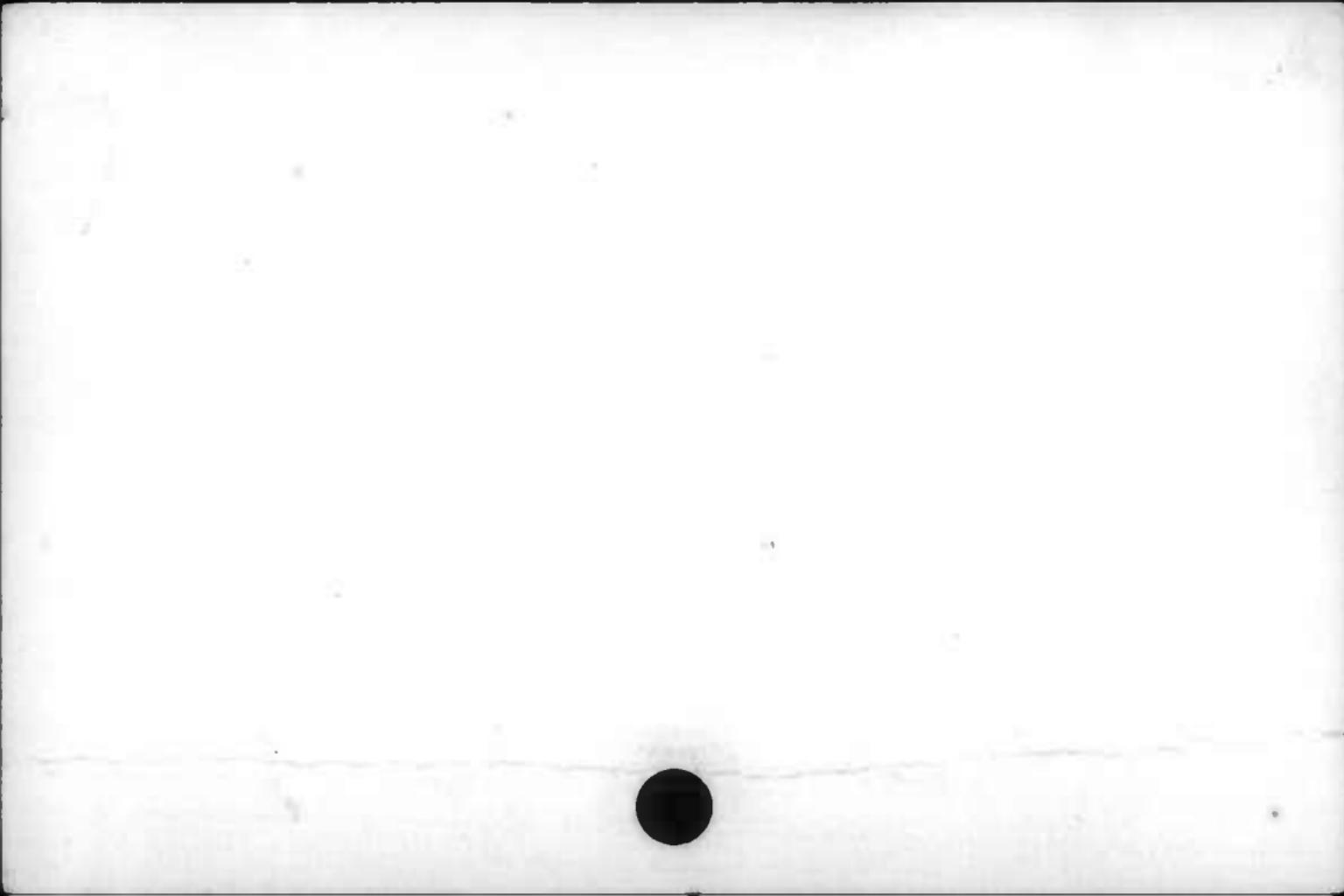
Geo. W. Davis M.D.  
Pleasantville

Md.

PHYSICIAN  
OR CORONER

H

Accident or Suicide



Name  
in  
Full

TO BE ANSWERED BY  
NEAREST FRIEND

PHYSICIAN  
OR CORONER

H

Accident or Suicide

CERTIFICATE OF DEATH

Died at		Town	County		MARYLAND	
Date of death 19	Month	Day	Year	Month	Day	
60	March	16	70	—	—	
Sex	Female	Color or Race	Colored	Birth-place	Harford Bound	
Occupation	House wife	Where Residing if not at place of death	Place of death			
Married, Single or Widowed	Married	Name of Wife or Husband	Lewis Bowers	Father's Birthplace	Harford Bound	
Father's Name	John Hill			Mother's Birthplace	Don't know	
Mother's Maiden Name	Hannah Prosbury			How related to deceased	Husband	
Name of person giving Information	Lewis Bowers					

CAUSES OF DEATH

Primary

Bronchitis Pneumonia

98

✓

How long

2 weeks

Immediate

Exhaustion

How long

3 days

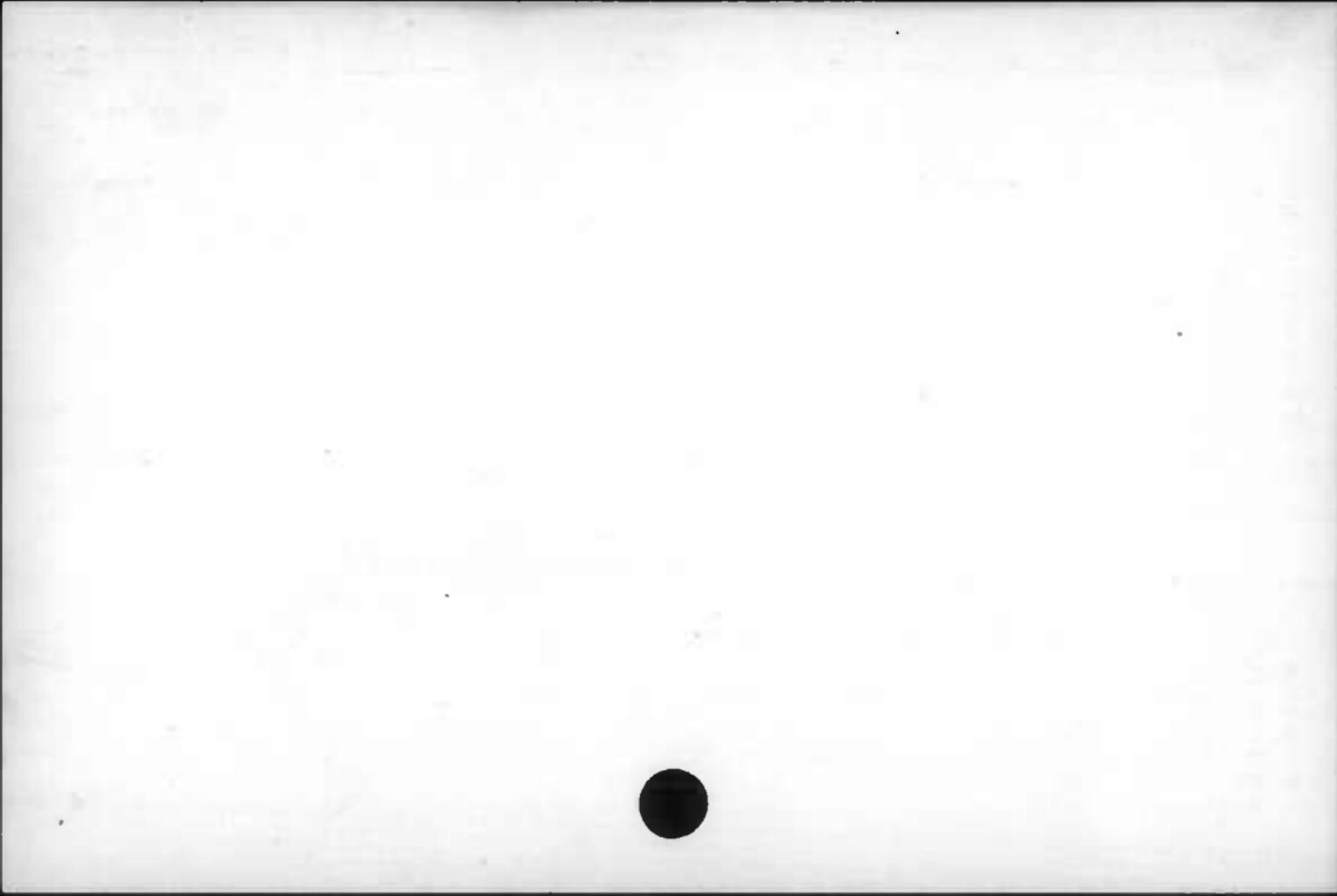
Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

yes

Adult

J. W. Steiger  
Hans J. Steiger  
md



Name  
in  
Full

Joseph A. Bramm

Town

County

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

MARYLAND

Days

Date

Month

Day

Years

Months

of death 1900 March

Age -

2

-

Month

Day

Years

Months

Years

Age

2

-

Color or  
Race

White -

Birth-  
place

Hare de Grace

Occupation

Wom

Same

Married, Single  
or Widowed

Single

Name of Wife or  
Husband

Father's  
Name

Joseph A. Bramm

Father's  
Birthplace

Phila. Pa

Mother's  
Maiden Name

Cora Fadely

Mother's  
Birthplace

Hare de Grace

Name of person giving  
Information

How related  
to deceased

CAUSES OF DEATH

Primary

Marasmus

89

✓

Immediate

Bronchitis -

How long

2 mo

Are the name, age, sex, color, date  
and place correctly given above?

yes

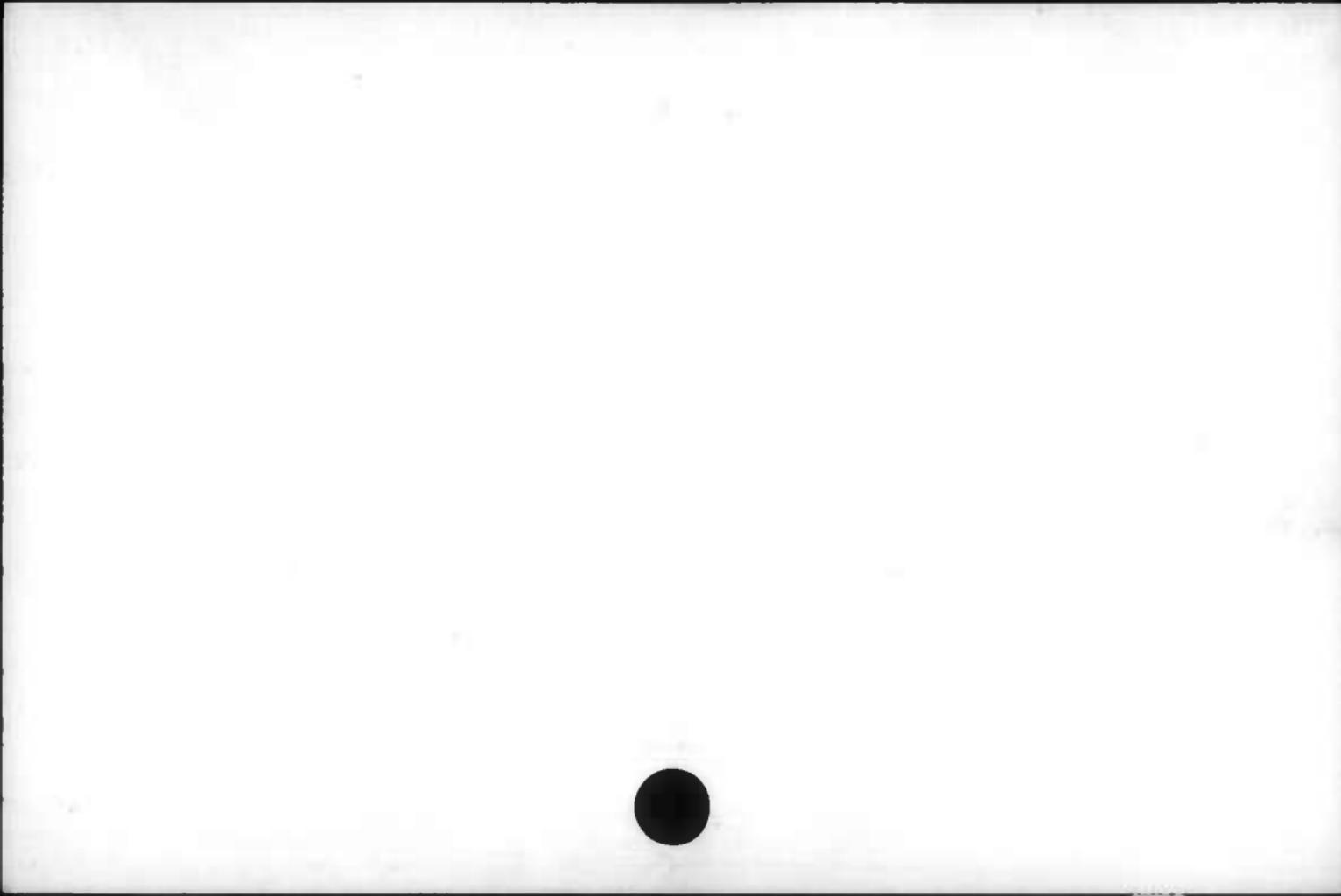
Signature of  
Physician

Address

Dr. Hopkins  
Hare de Grace, Md.

PHYSICIAN  
OR CORONER

Accident or Suicide



Name  
in  
Full

Harriett Day

CERTIFICATE OF DEATH

To BE ANSWERED BY  
NEAREST FRIEND

Died at Farm Grove Town Harford County MARYLAND  
Date of death 1910 Month March Day 29 Age 94 Years 3 Months 10 Days  
Sex Female Color or Race white Birth-place Harford Co.  
Occupation Housekeeper Where Residing if not at place of death  
Married, Single or Widowed Widowed Name of Wife or Husband Quosay  
Father's Name Jeremiah Love Father's Birthplace Unknown  
Mother's Maiden Name Unknown Mother's Birthplace Unknown  
Name of person giving information J. R. Miller How related to deceased

CAUSES OF DEATH

154 ✓

PHYSICIAN  
OR CORONER

Primary

Sinfully lived her allotted time

No physician in

Immediate

old age

How long  
attendance

Are the name, age, sex, color, date and place correctly given above?

Yes

Signature of Physician

Address

John W. Porter  
New Park Pa.

Accident or Suicide?



Name  
in  
Full

Bertha Galloway

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Town	County			MARYLAND	
Died at	Barre de Grace	Barford			
Date of death	1910	Month	Day	Years	Months
	March	23	—	—	—
Sex	Female	Color or Race	Black	Birth-place	Barre de Grace
Occupation	None	Where Reiding if not at place of death			.. .. ..
Married, Single or Widewed	Single	Name of Wife or Husband	None	Father's Birthplace	Barre de Grace
Father's Name	Walter Galloway			Mother's Birthplace	.. .. ..
Mother's Maiden Name	Harriet Martin			How related to deceased	Mother
Name of person giving Information	Harriet Galloway				

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary

Bronchitis Pneumonia

92

✓

2 weeks

Immediate

Exhaustion

How long  
2 days

Are the name, age, sex, color, date  
and place correctly given above?

Yes

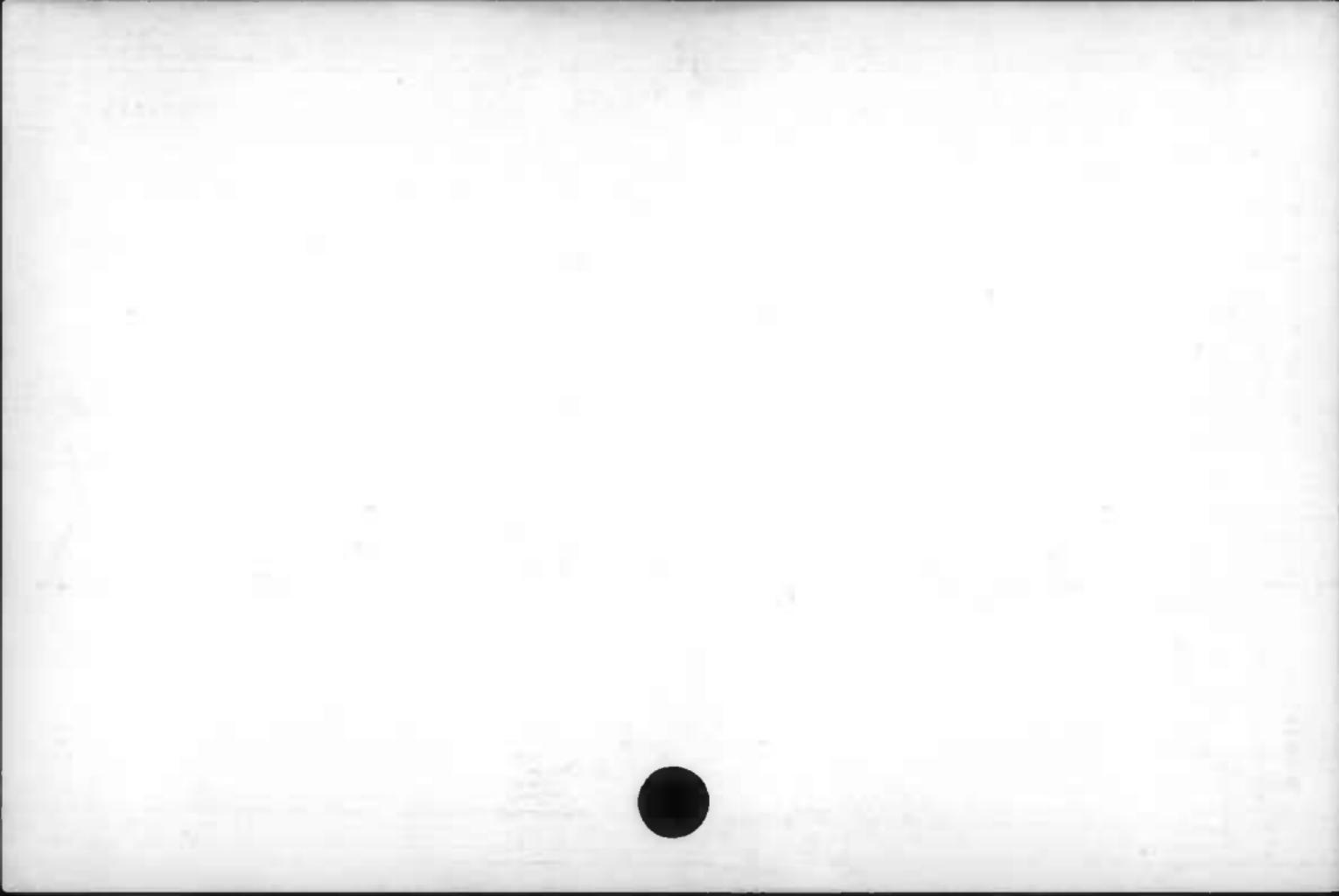
Signature of  
Physician

J. W. Steiner

Address

Barre de Grace  
Md

Accident or Suicide



Name  
in  
Full

Leander Gordon

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at

Town

Darlington

County

Harford

MARYLAND

Date  
of death

Month

Day

March 10

Years

2

Months

Days

Sex

Male

Color or  
Race

Negro

Birth-  
place

Stafford

Occupation

None

Where Residing if not  
at place of death

as above

Married, Single  
or Widowed

Name of Wife or  
Husband

Father's  
Name

John Gordon

Father's  
Birthplace

Harford Co

Mother's  
Maiden Name

Mary James

Mother's  
Birthplace

Harford Co

Name of person giving  
Information

Samuel Gordon

How related  
to deceased

Brother

CAUSES OF DEATH

Primary

chronic bronchitis

9\$

✓

about a year

Immediate

acute capillary bronchitis

How long

3 weeks

Are the name, age, sex, color, date  
and place correctly given above?

yes

Signature of  
Physician

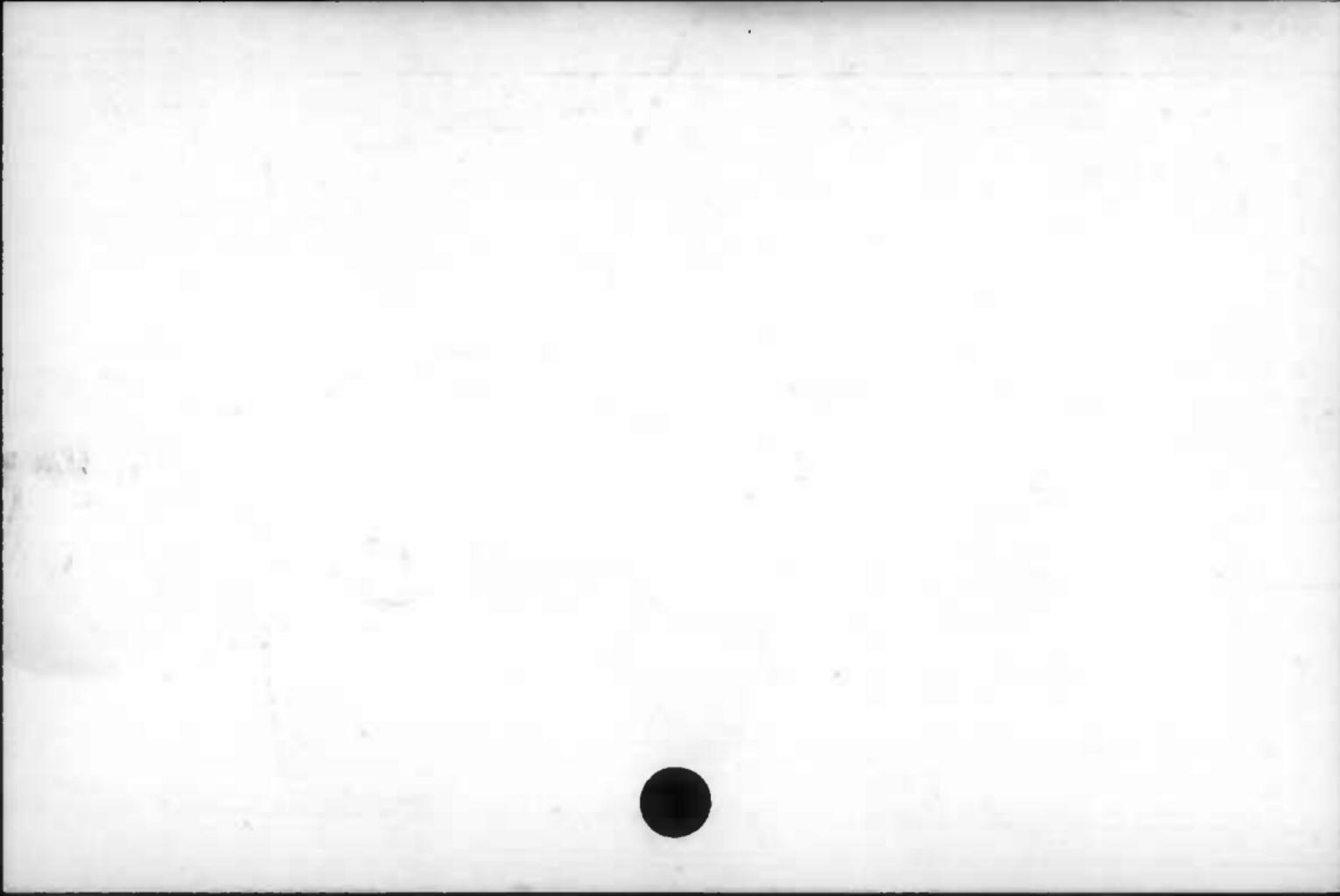
Ephr' Hopkins

Address

Darlington  
Md

PHYSICIAN  
OR CORONER

Accident or Suicide



Name  
in  
Full

Elizabeth S. Hanna

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

PHYSICIAN  
OR CORONER

Died at		Town	County		MARYLAND	
Date of death	19	Month	Day	Years	Months	Days
Sex	female	Color or Race	white	Birth-place	Harpers Ferry	
Occupation	Lady	Where Residing if not at place of death			Same	
Married, Single or Widowed	Singer	Name of Wife or Husband				
Father's Name	Robert F. Hanna				Father's Birthplace	Harpers Ferry
Mother's Maiden Name	Glennie S. Fox				Mother's Birthplace	Harpers Ferry
Name of person giving information	Dr. T. R.				How related to deceased	Not -

CAUSES OF DEATH

29

How long

18 years

How long

Primary

Pleur Pneumonia

Immediate

Tuberculosis Sphunxion

Are the name, age, sex, color, date and place correctly given above?

Yes

Signature of Physician

Address

Casablanca  
Bed abd red

Accident or Suicide?

Churchville.

Name  
in  
Full

TO BE ANSWERED BY  
NEAREST FRIEND

PHYSICIAN  
OR CORONER

Thos H. Henney

Town

Died at

Coopers Mill

County

MARYLAND

Month

Day

Harford

Years

Date

of death

1900

3

3

Age

47

Months

Days

few

22 1862

Sex

Male

Color or  
Race

White

Birth-  
place

Harford Co Md

Occupation

Farmer

Where Residing if not  
at place of death

Married, Single  
or Widowed

Name of Wife or  
Husband

Mary Henney

Father's  
Birthplace

Harford Co Md

Father's  
Name

Isaac Henney

Mother's  
Birthplace

" " "

Mother's  
Maidan Name

Mary J Proctor

How related  
to deceased

wife

Name of person giving  
Information

Mary Henney

68

How long

1 yr.

Primary

CAUSES OF DEATH

Fusainy

How long

1 yr.

Immediate

Prostetion

How long

1 w/e

Are the name, age, sex, color, date  
and place correctly given above?

Yes

Signature of  
Physician

Address

Rowan Ramony  
Duch Pg

Accident or Suicide

Bivouac at Labanuakle

Name  
in  
Full

Eliza Hellingworth

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

PHYSICIAN  
OR CORONER

Died at Hove de Grace Town Harford County

MARYLAND

Date of death 1900 Month March Day 11 Years 84 Months  Days

Sex Female Color or Raca Col

Birth-place Harford Co

Occupation Housework

Where Residing if not  
at place of death

Same

Married, Single or Widowed Single Name of Wife or Husband —

Father's Birthplace unknown

Father's Name Don't know

Mother's Birthplace unknown

Mother's Name Don't know

How related to deceased Daughter

Name of person giving Information Belle Haywood

154 V

CAUSES OF DEATH

Primary

Old age + exposure

2 or 3 mos

Immediata

Heart + kidney comp.

1 week

Are the name, age, sex, color, date and place correctly given above?

Yes

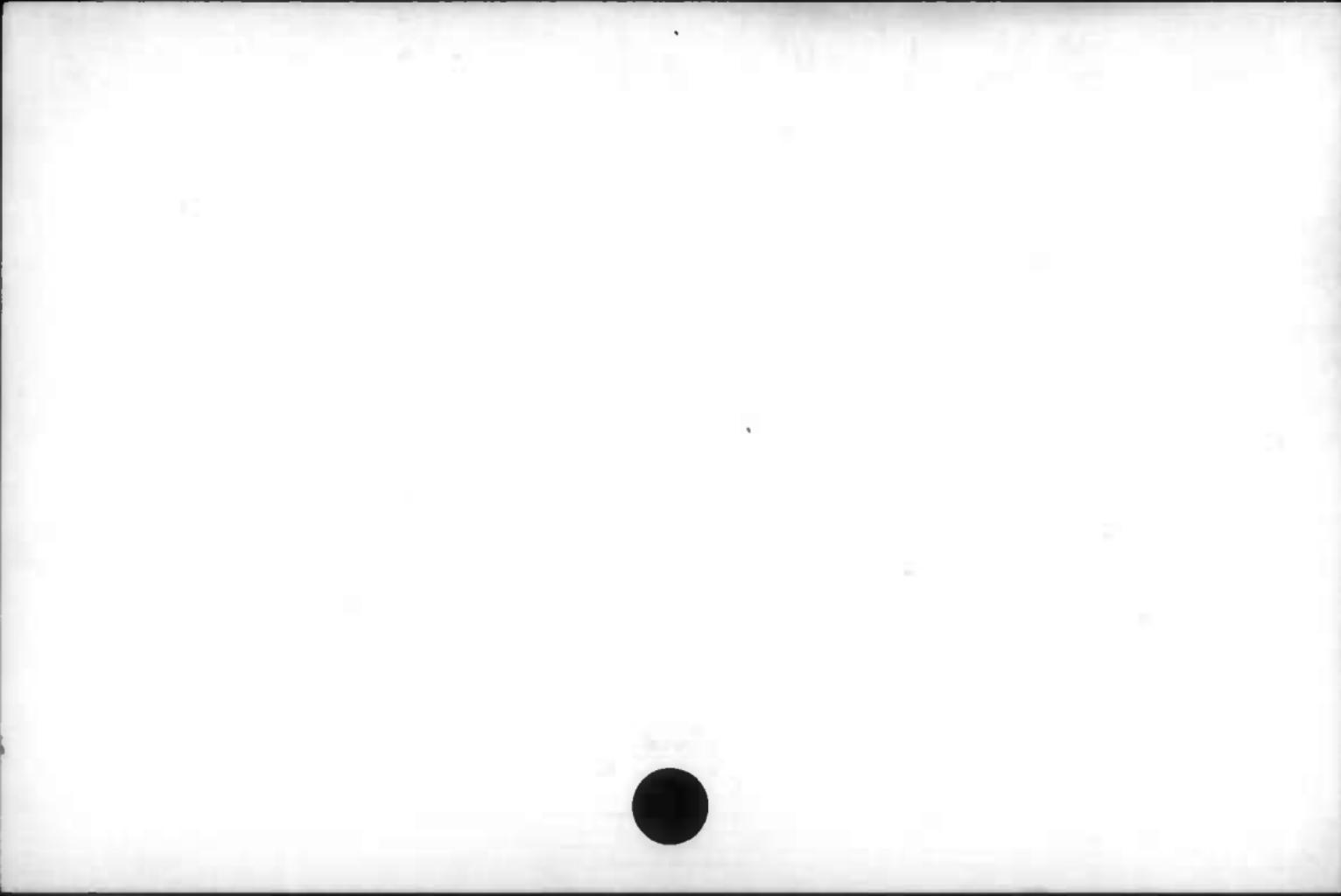
Signature of Physician

J. L. Hopkins

Address

Hove de Grace  
Md

Accident or Suicide



Name  
in  
Full

Olivia L. Fellingworth

CERTIFICATE OF DEATH

To BE ANSWERED BY  
NEAREST FRIEND

Died at <u>Wilma</u>		Town	County <u>Towson</u>		MARYLAND	
Date of death <u>1930</u>	Month <u>3</u>	Day <u>19</u>	Age <u>69</u>	Years	Months	Days
Sex <u>female</u>	Color or Race <u>white</u>	Birth-place <u>Towson</u>				
Occupation <u>Cousawife</u>	Where Residing if not at place of death <u>Salem</u>					
Married, Single or Widowed <u>Husband</u>	Name of <del>Wife</del> or Husband <u>Silas W Fellingworth</u>				Father's Birthplace	
Father's Name <u>Joseph Lewis</u>				Mother's Birthplace		<u>Baldo</u>
Mother's Maiden Name <u>Hannah Spruance</u>				How related to deceased		<u>not -</u>
Name of person giving information <u>Doctor W</u>						

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary

Complication

How long

3 yrs

Immediate

Inanition

How long

2 wks

Are the name, age, sex, color, date and place correctly given above?

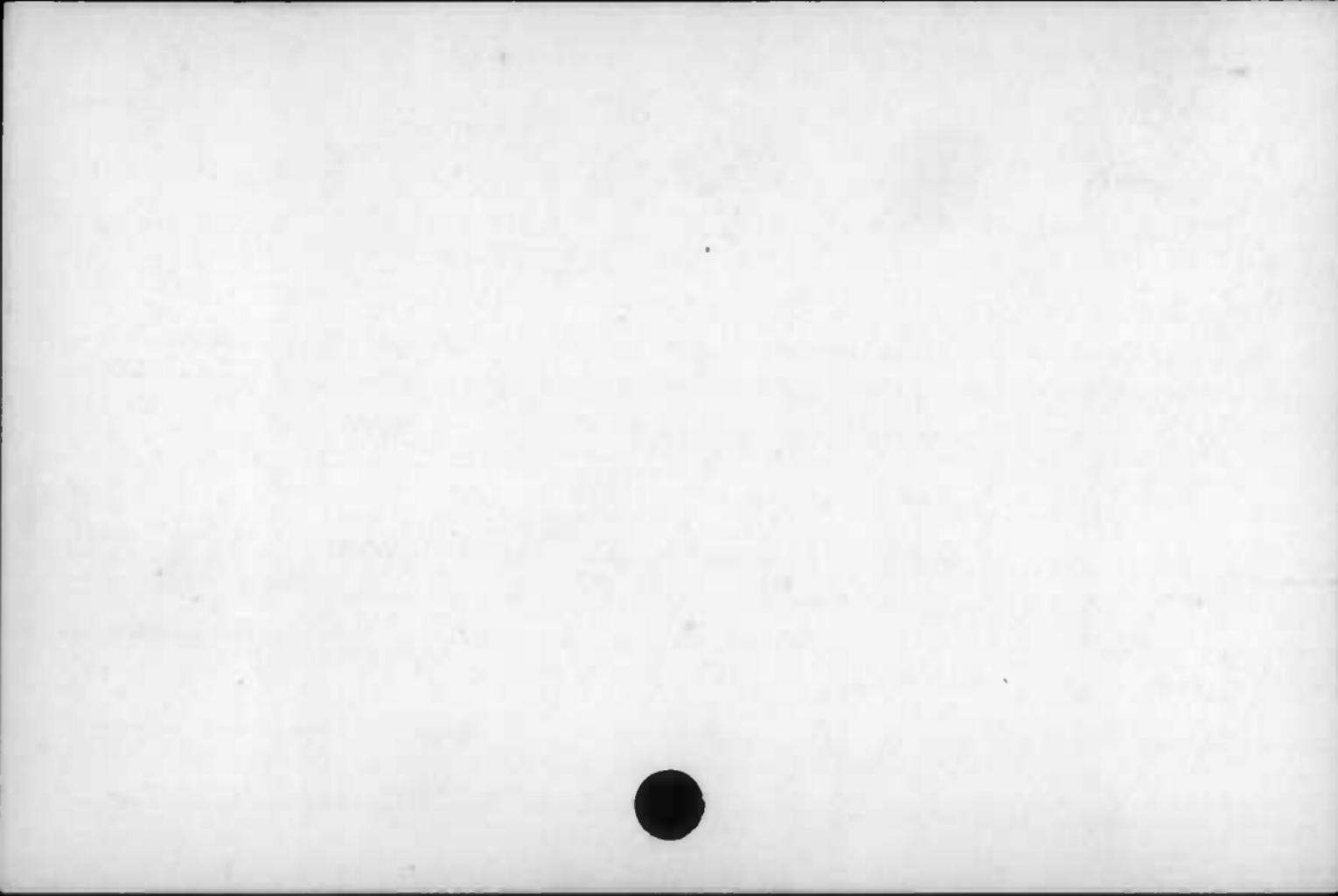
yes

Signature of Physician

Address

Oscar Fellingworth  
Baldwin

Accident or Suicide?



Name  
in  
Full

Annie E. Hopkins

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at	Town	County	MARYLAND		
Died at	Darlington	Harford			
Date of death	Month	Day	Years	Months	Days
of death 1960	Mar	21	11	11	4
Sex	Color or Race	Age	Birth-place		
Female	White	67	Darlington		
Occupation	Where Residing if not at place of death				
Married, Single or Widowed	Married	Name of Wife or Husband	Frank Hopkins		
Father's Name	Samuel Harper				
Mother's Maiden Name	Hannah Watson				
Name of person giving Information	Frank Hopkins				

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary

How long

Immediate

How long

Are the name, age, sex, color, date and place correctly given above?

Cancer of Rectum  
Yes.

Signature of Physician

Address

J. H. Bias,  
Darlington, Md.



Accident or Suicide?



Name  
in  
Full

Harriet E. Jourdan

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at		Town	County		MARYLAND		
Date of death	1900	Month	Day	Years	Month	Day	
Sex	Female	Color or Race	White	Age	88	28	
Occupation	not any	Where Residing if not at place of death					
Married, Single or Widowed	Single	Name of Wife or Husband	Lehas M Jourdan				
Father's Name	Henry Boyer		Father's Birthplace				
Mother's Maiden Name	Ruth		Md				
Name of person giving Information	Do not know		Mother's Birthplace				

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary

Syphilis  
Chancery

Immediate

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

Address

154

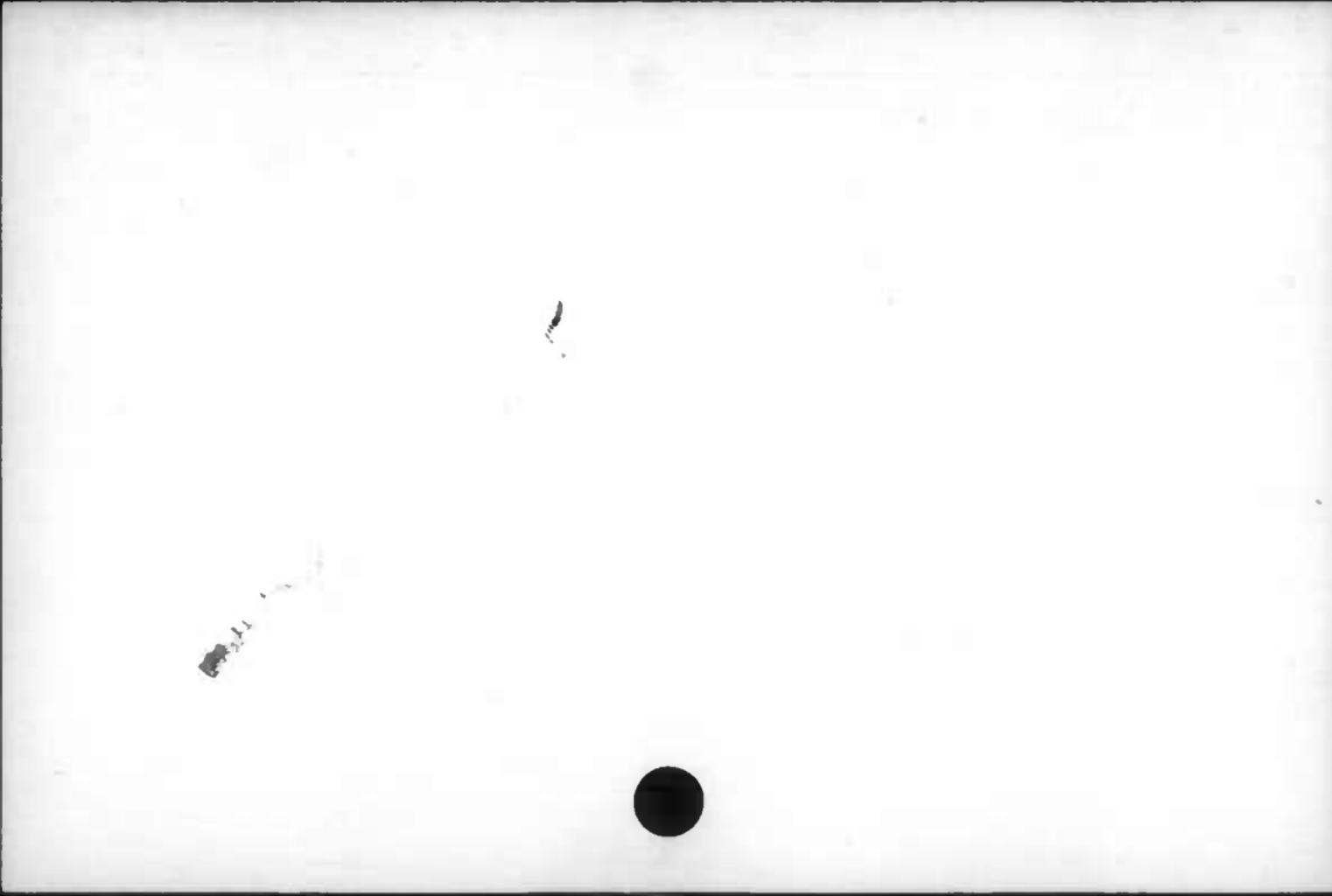
How long

1 yr

✓

4 mo

Accident or Suicide



Name  
in  
Full

Mrs Clara Kearns

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

MARYLAND

Died at 8 Stee Town Harford County  
Date of death 190 Month Jan Day 31 Years 50 Months  Days   
Age 50

Sex Female Color or Race White

Occupation

House wife

Where Residing if not  
at place of death

Md.

Street md.

Married, Single  
or Widowed

Married

Name of Wife or  
Husband

Thomas C. Kearns

Father's  
Birthplace

Unknown

Father's  
Name

David Wiley

Mother's  
Maiden Name

Unknown

Mother's  
Birthplace

Unknown

Name of person giving  
Information

Harford Kearns

How related  
to deceased

Son

CAUSES OF DEATH

Primary

Rheumatism

47

v.

How long

in months

Immediate

Endocarditis

How long

6 days

Are the name, age, sex, color, date  
and place correctly given above?

Signature of  
Physician

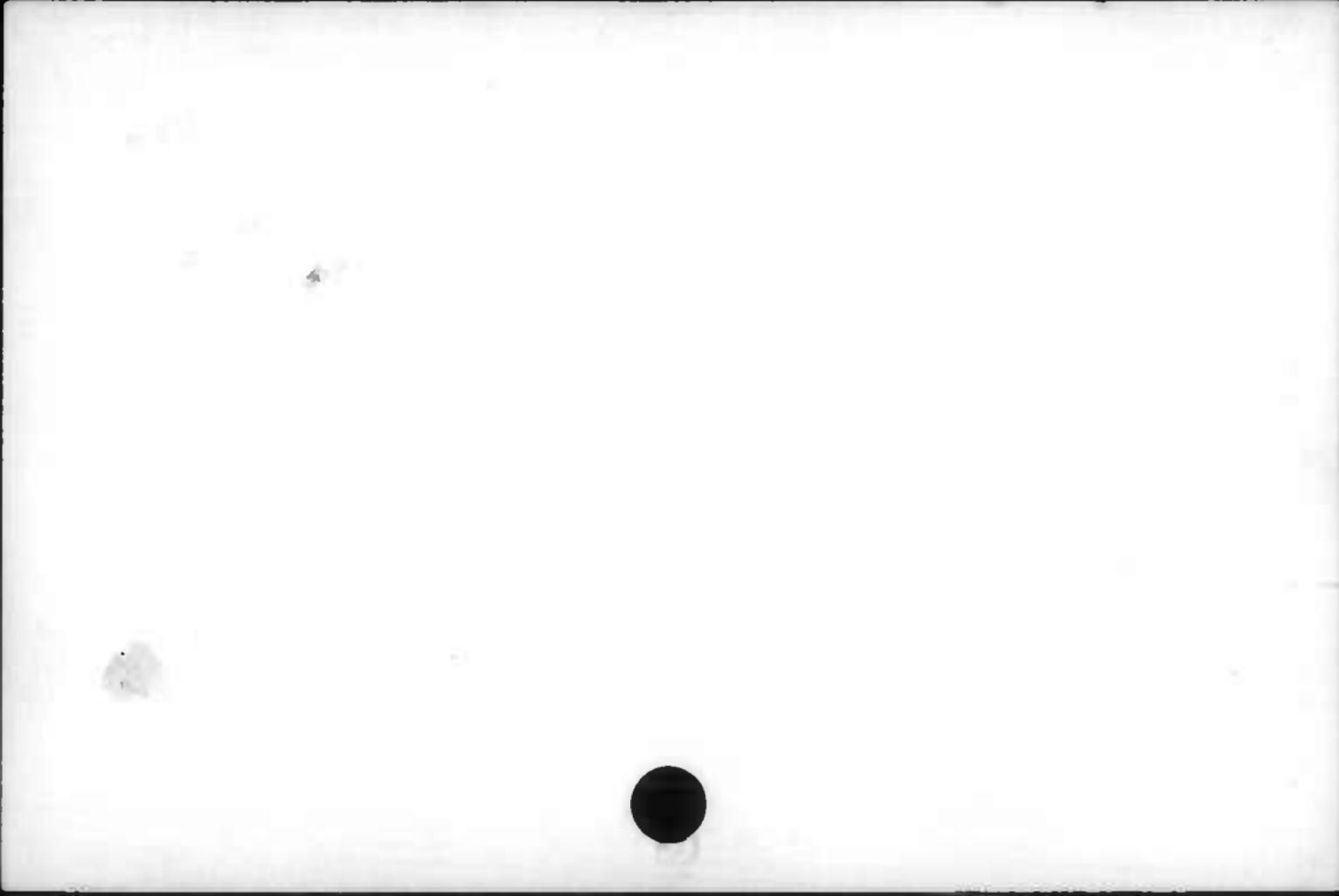
Address

C. W. Farrows  
Street Rd. and.

Yes

Accident or Suicide

PHYSICIAN  
OR CORONER



Name  
in  
Full

Patrick J Kennedy

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

PHYSICIAN  
OR CORONER

Died at Upper X Roads Haldord

Town

County

MARYLAND

Days

Date of death 1900 Mar 31 <sup>1900</sup> Age 80

Month

Day

Years

Months

Days

Sex Male Color or Race White

Birth-place Ireland

Occupation Farmer

Where Residing if not  
at place of death

Married, Single or Widowed Widower

Name of Wife or Husband

Annie F Farrel

Father's Name John Kennedy

Father's Birthplace Ireland

Mother's Maiden Name Ellen Dougherty

Mother's Birthplace "

Name of person giving Information Mary E Granst

How related to deceased Daughter

CAUSES OF DEATH

Primary

Inflammation of eye

1574

✓

Immediate

Are the name, age, sex, color, date and place correctly given above?

Yes

Signature of  
Physician

Address

L.Q. Pulte, M.D.  
Pulte, Md

Accident or Suicide

neither

Interment at St. Johns  
R.C. Church Baldwin Md

Name  
in  
Full

Priscilla Livezy

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

PHYSICIAN  
OR CORONER

Died at Bel Air, Maryland, MARYLAND  
Date of death 1940, Jan 19, Age 67  
Sex Female, Color or Race White  
Occupation  
Where Residing if not at place of death Bel Air, Md.  
Married, Single, Name of Wife or Husband  
Father's Name Jacob Livezy  
Mother's Maiden Name Priscilla Wagonman  
Name of person giving Information Robert Livezy  
Father's Birthplace Pa  
Mother's Birthplace Pa  
How related to deceased Brother

CAUSES OF DEATH

Primary

Valvular disease of the heart

79

How long

100

How long

died suddenly

Immediate

Are the name, age, sex, color, date and place correctly given above?

Yes

Signature of Physician

Address

William F. Archer  
Bel Air  
Md

Accident or Suicide

7  
Hector

Name  
in  
Full

Worleah McLean

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at	Town	County	MARYLAND	
Date of death 1900	Month	Day	Years	Months Days
Sex	Color or Race	Age		
Occupation	Where Residing if not at place of death			
Married, Single or Widowed	Name of Wife or Husband			
Father's Name	John McLean			
Mother's Maiden Name	Dorothy Kennedy			
Name of person giving Information	Mrs. Jos. Boyle			

CAUSES OF DEATH

Primary

old age

10

✓

How long

Immediate

stroke

Are the name, age, sex, color, date and place correctly given above?

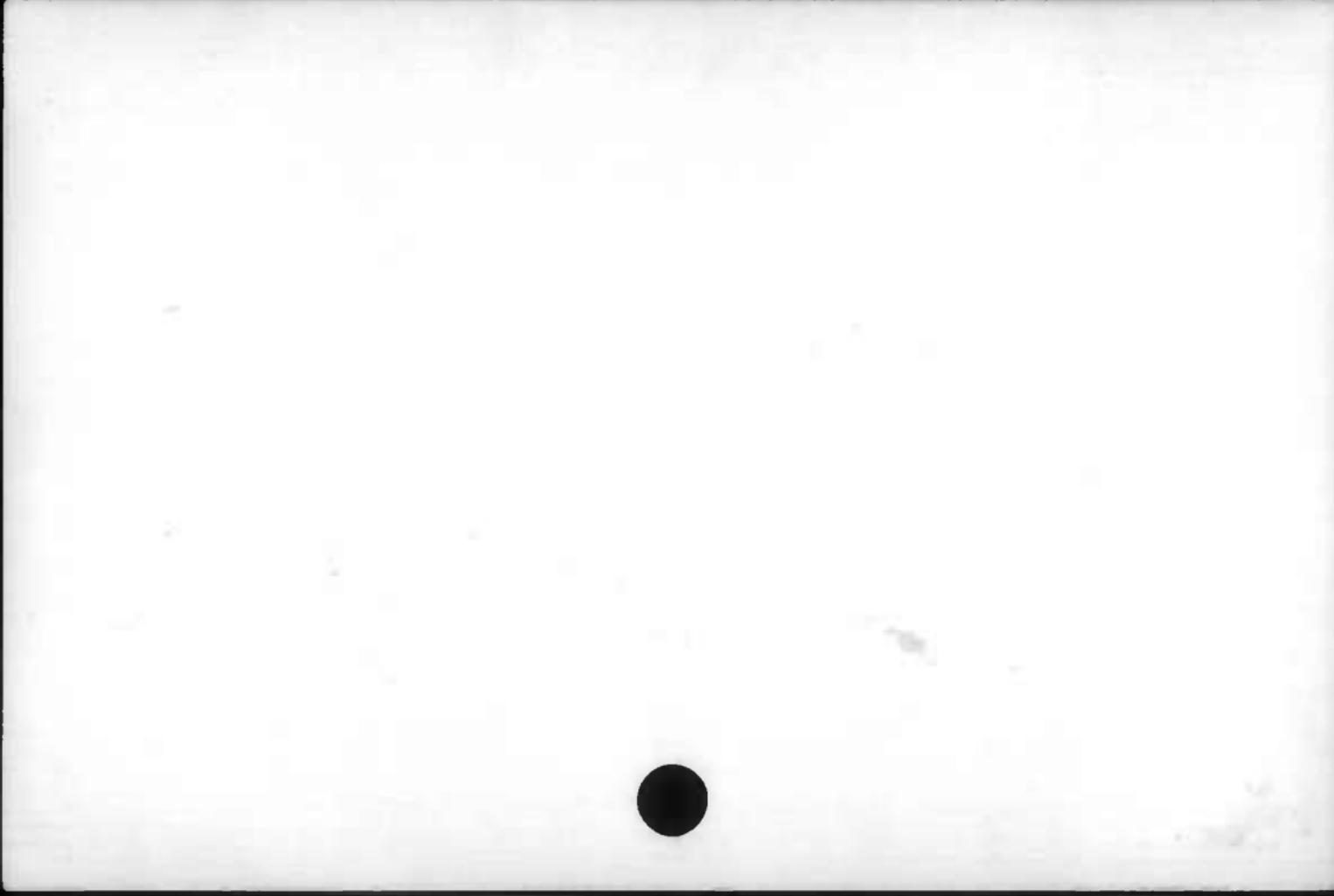
Signature of Physician

Address

D. H. E. St. John  
Cardiff, Md

PHYSICIAN  
OR CORONER

Accident or Suicide



Name  
in  
Full

Nathan H Oldfield

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at		Town	County		MARYLAND	
Date of death	190	Month	Day	Years	Months	Days
Sax	Male	Color or Race	White	Birth-place	Md	
Occupation	farmer					Where Residing if not at place of death
Married, Single or Widowed	Single					Name of Wife or Husband
Father's Name	William Oldfield					Father's Birthplace
Mother's Maiden Name	Hannah Carter					Mother's Birthplace
Name of person giving information	Laura Oldfield					How related to deceased

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary

Chronic Gastritis

103

✓

How long

several years

How long

Immediate

Are the name, age, sex, color, date and place correctly given above?

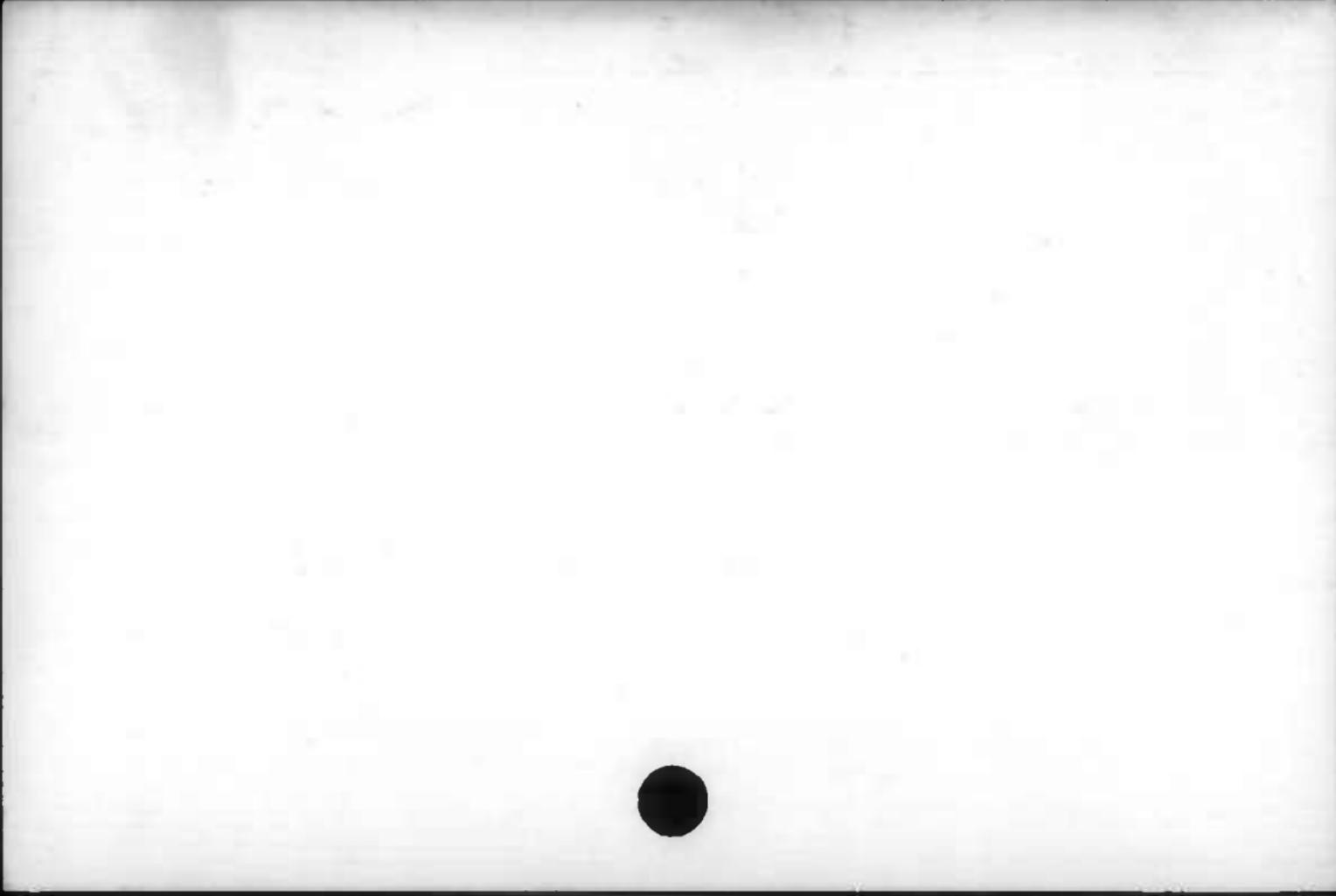
Signature of Physician

Address

Yes

Accident or Suicide

William S. Archer  
Bel Air  
Md



Name  
in  
Full

Susie A Pace

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

PHYSICIAN  
OR CORONER

Died at <u>Perryman</u>		Town <u>Hanover</u>	County <u>MARYLAND</u>		
Date of death <u>1900</u>	Month <u>Mar</u>	Day <u>9</u>	Years <u>42</u>	Months <u>3</u>	Days <u>—</u>
Sex <u>Female</u>	Color or Race <u>Black</u>	Birth-place <u>Virginia</u>			
Occupation <u>Chancery Clerk</u>	Where Residing if not at place of death <u>—</u>				
Married, Single or Widowed <u>Single</u>	Name of Wife or Husband <u>John St Pace</u>				
Father's Name <u>Shas. Meadow</u>	Father's Birthplace <u>Ta</u>				
Mother's Maiden Name <u>Suey Ganger</u>	Mother's Birthplace <u>Ta.</u>				
Name of person giving information <u>Estacy Rice</u>	How related to deceased <u>sister</u>				

CAUSES OF DEATH

120

Primary

Bright Disease

How long

Two much

Immediate

Macine Pace

How long

7

Are the name, age, sex, color, date and place correctly given above?

yes

Signature of Physician

Address

J. H. Stace

Perryman

Md.

Accident or Suicide?



Name  
in  
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at		Town	County		MARYLAND	
Date of death 1910		Month	Day	Years	Months	Days
		March	8	81	4	18
Sex		Female	Color or Race	White	Birth-place	Maryland
Occupation		Housewife				
Married, Single or Widowed		Widow	Name of Wife or Husband	Isaac L. Pyle		
Father's Name		Robert Welch				
Mother's Maiden Name		Dont know				
Name of person giving Information		Granville P. Pyle				

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary

Bright's Disease

120

✓

How long

Two month

Immediate

Heart failure

How long

Are the name, age, sex, color, date and place correctly given above?

yx

Signature of Physician

Address

B. D. Olin  
Physician

Med

Accident or Suicide

Bury at Kivu Cemetery

3/10/10

Name  
in  
Full

Hugh C. Ramsay

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Diad at Whitford Town Harford County MARYLAND  
Date of death 1910 Month Mar Day 13 Years 60 Months  Days   
Sex Male Color or Race white Birth-place Ind  
Occupation Butcher Where Residing if not at place of death  
Married, Single Name of Wife or Husband Mary E. Ramsay  
Name of Father Hugh C. Ramsay Father's Birthplace Pa  
Name of Mother Elizabeth Whitford Mother's Birthplace Ind  
Name of person giving Information Mary E. Ramsay How related to deceased Wife  
Information

CAUSES OF DEATH

Primary

Paroxysm

How long

1m days

Immediate

Are the name, age, sex, color, date and place correctly given above?

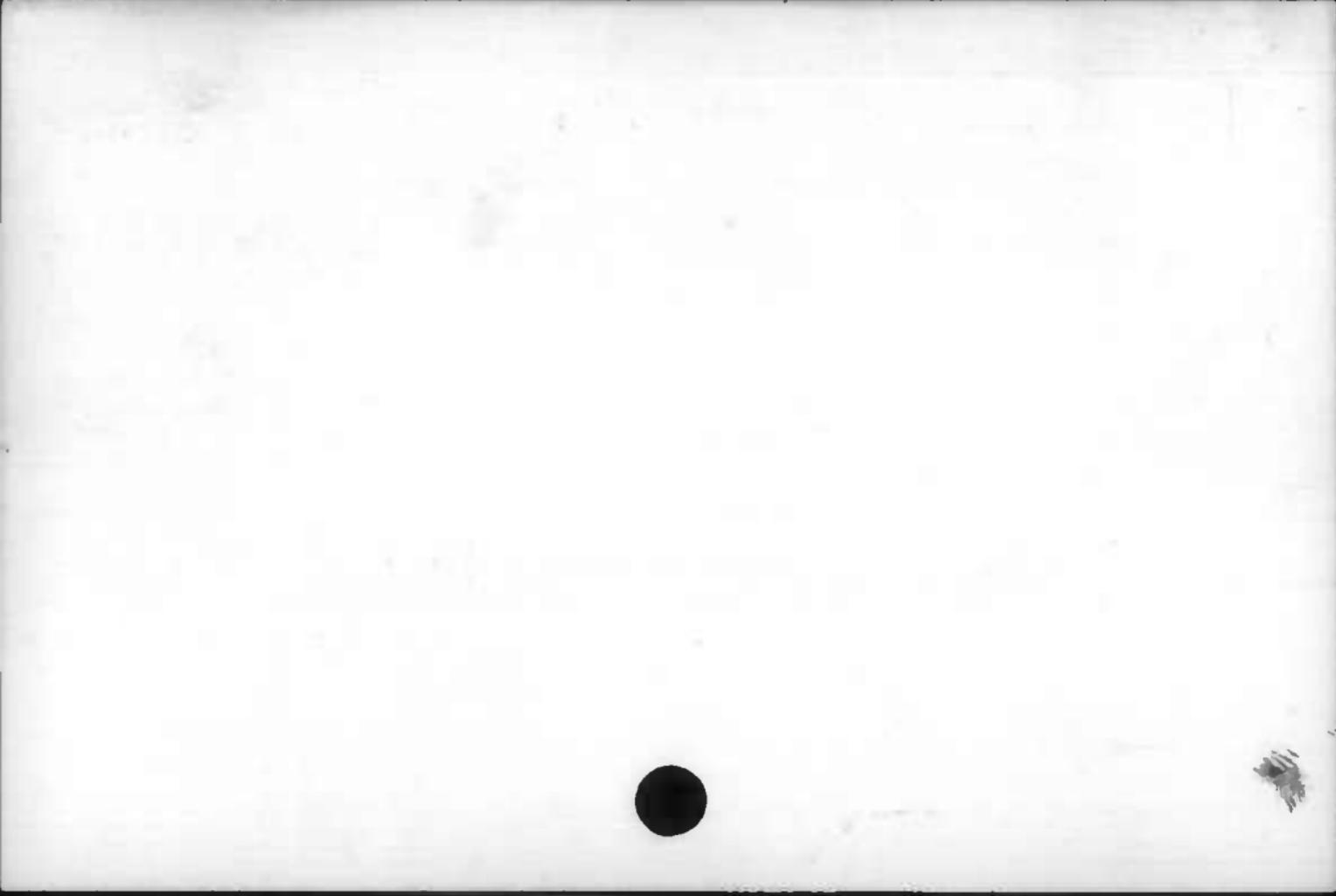
Signature of Physician

Address

D. H. Eastham  
Cardiff Ind

PHYSICIAN  
OR CORONER

Accident or Suicide



Name  
in  
Full

Sarah Ramsey

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at		Town	County		MARYLAND		
Date of death	1910	Month March	Day 7	Years 81	Months -	Days -	
Sex	Female	Color or Race	Black		Birth-place	Katford co,	
Occupation	House Work		Where Residing if not at place of death		Katford		
Married, Single or Widowed	Widow	Name of Wife or Husband	Geo Ramsey		Father's Birthplace	Unknown	
Father's Name	Unknown				Mother's Birthplace	Unknown	
Mother's Maiden Name	Unknown				How related to deceased	Daughter	
Name of person giving Information	Florence Ramsey				How long	154	

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary

Senile Dribility.

How long

Immediate

How long

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

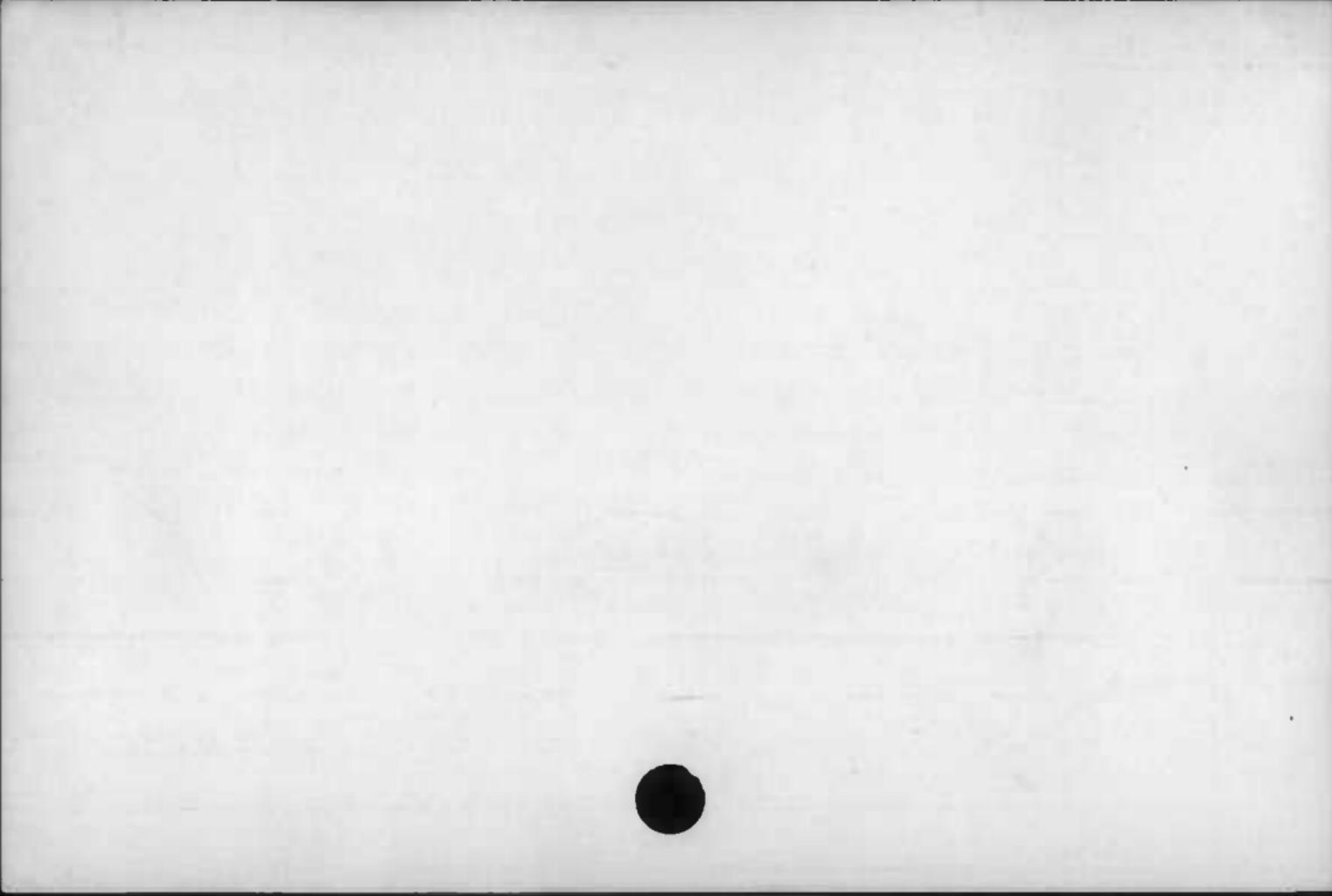
Address

ge.

Howard

H

Accident or Suicide?



**Name  
in  
Full**

TO BE ANSWERED BY  
NEAREST FRIEND

Lucinda Redman

Boerne Grace Garford  
Town County

## CERTIFICATE OF DEATH

## MARYLAND

Died at Kaonde Grace Bayford MARYLAND

Date of death 1960 Month Me Day 4 Years 62 Months — Days —

Sex Female Color of  
Race White Birth-  
place Taneytown Co., Va.  
Occupation House Wife Where Residing if not  
at place of death Carrollton

Married, Single  
or Widowed Married Name of wife or  
Husband John Redman

Father's Name Richard Nelson Father's Birthplace Lancaster Co.

Mother's Maiden Name Mary Lasky Mother's Birthplace York Co., Pa.

Name of person giving information John Gedman How related to deceased Husband

## CAUSES OF DEATH

Primary *Hansen Anurism* How long 4 to 5 yrs

Immediate Heart Complication How long 6 months

Are the name, age, sex, color, date  
and place correctly given above? *yes*

Signature of  
Physician

Address

R. H. Smith  
Keweenaw

### —Accident or Suicide



Name  
in  
Full

Patrick Riley

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died et

Town

Pleasantville

County

Harford

MARYLAND

Date  
of death

Month

Day

190

Mar

31

Years

Age 85

Months

Days

Sex

Color or  
Race

Male

White

Birth-  
place

Deland

Occupation

Farmer

Where Residing if not  
at place of death

Maryland

Riley

Married, Single  
or Widowed

Name of Wife or  
Husband

Alice

Father's  
Birthplace

Deland

Father's  
Name

Thomas Riley

Mother's  
Birthplace

Mother's  
 Maiden Name

Not known

How related  
to deceased

Name of person giving  
Information

Jas. W. Riley

Son

CAUSES OF DEATH

Primary

Cystitis

Immediate

Uraemia

Are the name, age, sex, color, date  
and place correctly given above?

as far as known

Signature of  
Physician

Address

124

How long

One month

How long

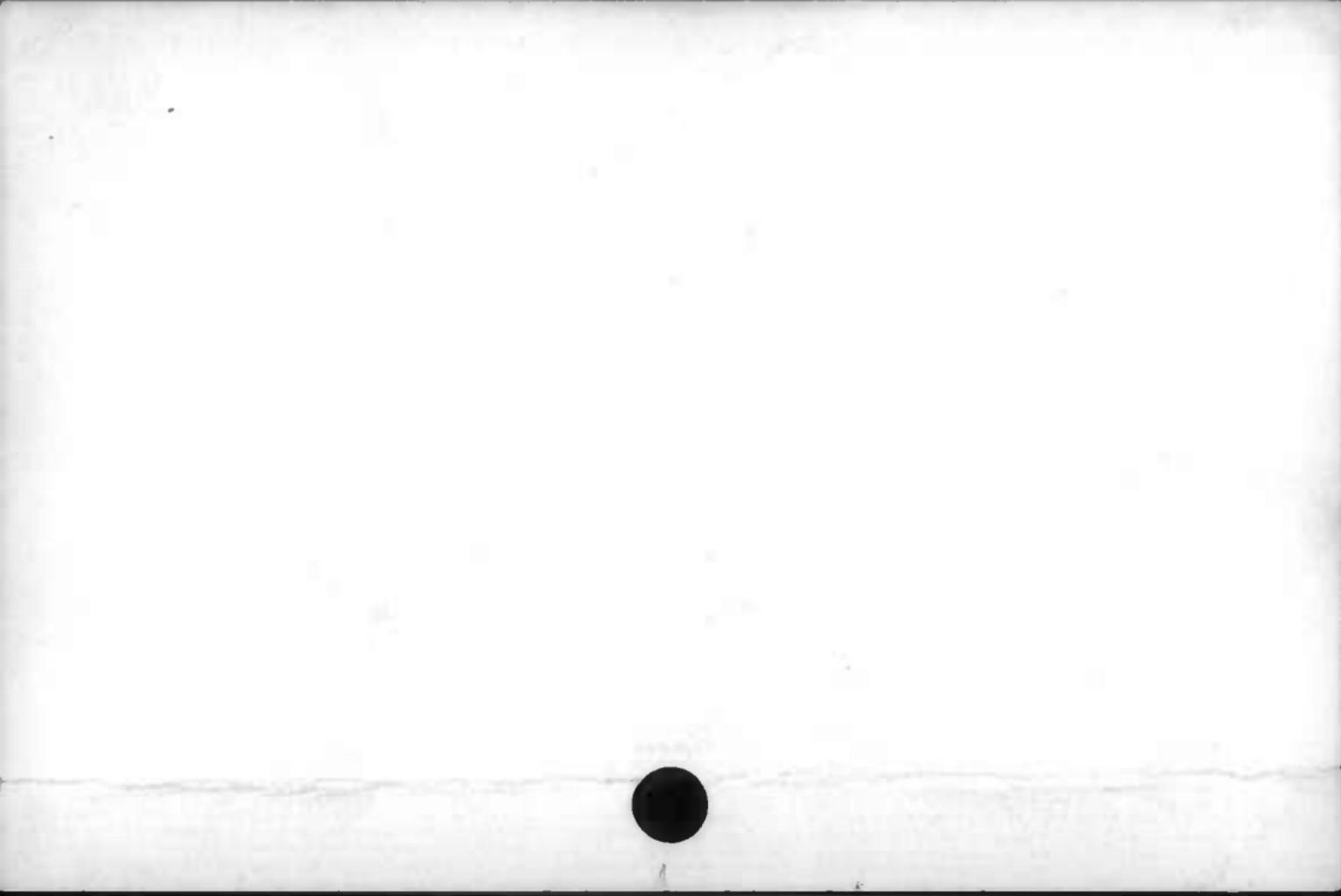
Two days

Geo. W. Davis M.D.  
Pleasantville

Md

PHYSICIAN  
OR CORONER

Accident or Suicide



Name  
in  
Full

Mary Jane Roe

CERTIFICATE OF DEATH

To BE ANSWERED BY

NEAREST FRIEND

PHYSICIAN  
OR CORONER

Died at	Town		County		MARYLAND	
	Forest Hill		Harford			
Date of death	Month	Day	Years	Age	Months	Days
1960	3	20	85		5	15
Sex	Female	Color or Race	White		Birth-place	New York
Occupation	None		Where Residing if not at place of death			
Married, Single or Widowed	Widow	Name of Wife or Husband	John B. Roe			
Father's Name	Gilbert Dickinson		Father's Birthplace New York State			
Mother's Maiden Name	Sarah Carpenter		Mother's Birthplace North Castle N.Y.			
Name of person giving Information	John D. Roe		How related to deceased Son			

CAUSES OF DEATH

64

How long

Primary  
Central Nervous System

How long

Primary

Central Nervous System

Immediate

Paralysis

Are the name, age, sex, color, date and place correctly given above?

Yes

Signature of Physician

Address

T. D. Anthony  
Forest Hill Md

Accident or Suicide?

Centres

Name  
in  
Full

Robt. B. Sellers

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at		Town	County		MARYLAND	
Aberdeen		Harford				
Date of death	1910	Month Mar	Day 6	Age 47	Months	Days
Sex	Male	Color or Race	White		Birth-place	Harford Co.
Occupation	Painter & Paper Hanger		Where Residing if not at place of death			
Married, Single or Widowed	Married	Name of Wife or Husband	Florence Thompson		Father's Birthplace	Harford Co.
Father's Name	Robt. B. Sellers				Mother's Birthplace	Pa.
Mother's Maiden Name	Emma Sunderland				How related to deceased	wife
Name of person giving Information	Florence Sellers					

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary

Consumption  
Exhaustion

Immediate

Are the name, age, sex, color, date  
and place correctly given above?

yes

Signature of  
Physician

Address

Accident or Suicide

28

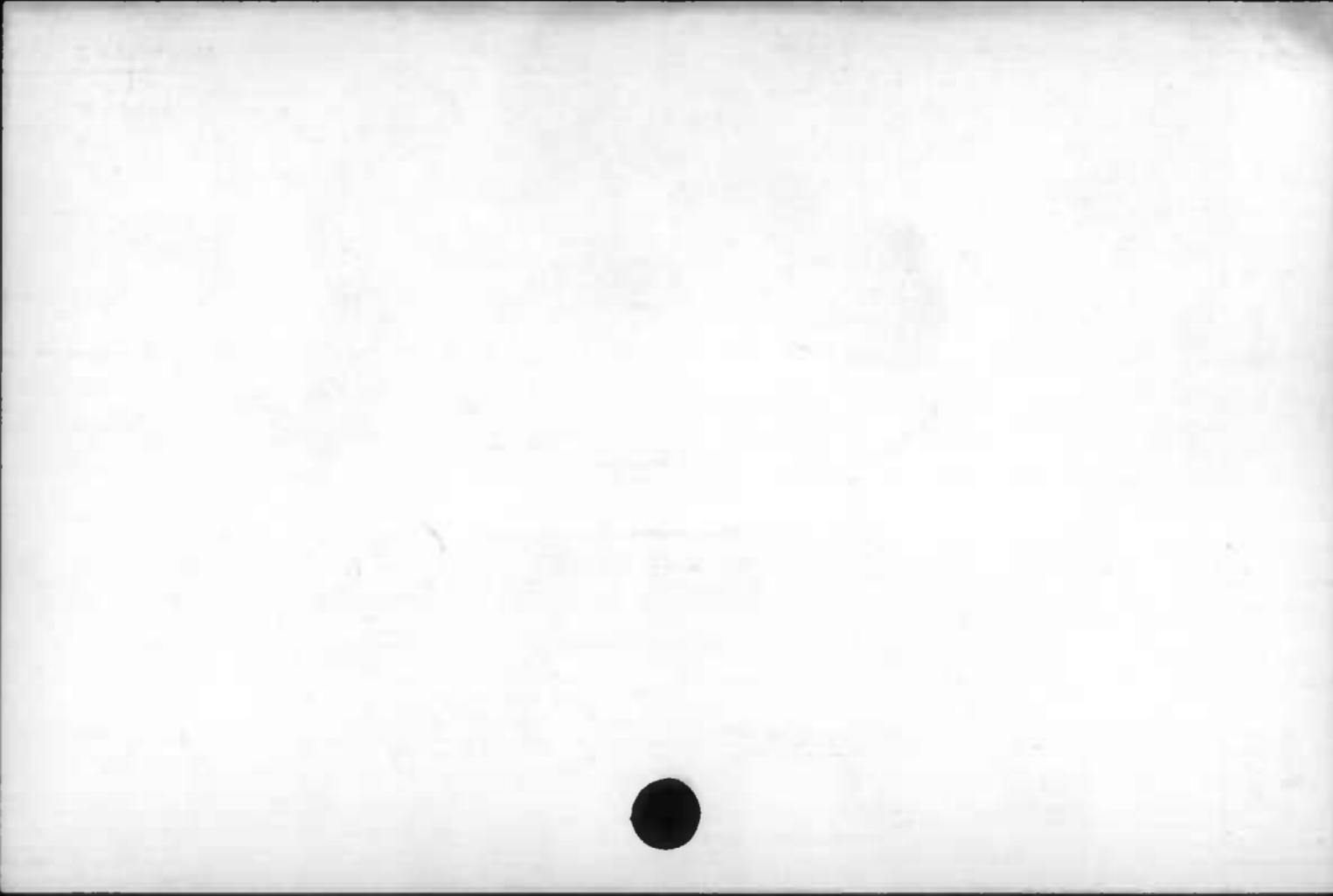
How long

How long

2 yrs.

1 week

Charles White  
Aberdeen  
Md.



Name  
in  
Full

Annie Stoney

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

PHYSICIAN  
OR CORONER

Died at		Town	County		MARYLAND	
Date of death	1960	Month Mar	Day 13	Years 50	Month 1	Day 11
Sex	Female	Color or Race	white		Birth-place	Bohemia
Occupation	Housewife		Where Residing if not at place of death			
Married, Single or Widowed	Married	Name of Wife or Husband	John Stoney			
Father's Name	John Pawold		Father's Birthplace			
Mother's Maiden Name	Josephine Shema		Bohemia			
Name of person giving Information	John Stoney		Mother's Birthplace			
Primary	Bright's Disease		How related to deceased			
Immediate	Heart Failure		son			

CAUSES OF DEATH

120

How long

6mo

How long

Charlottesville

Address

Edgewood Md

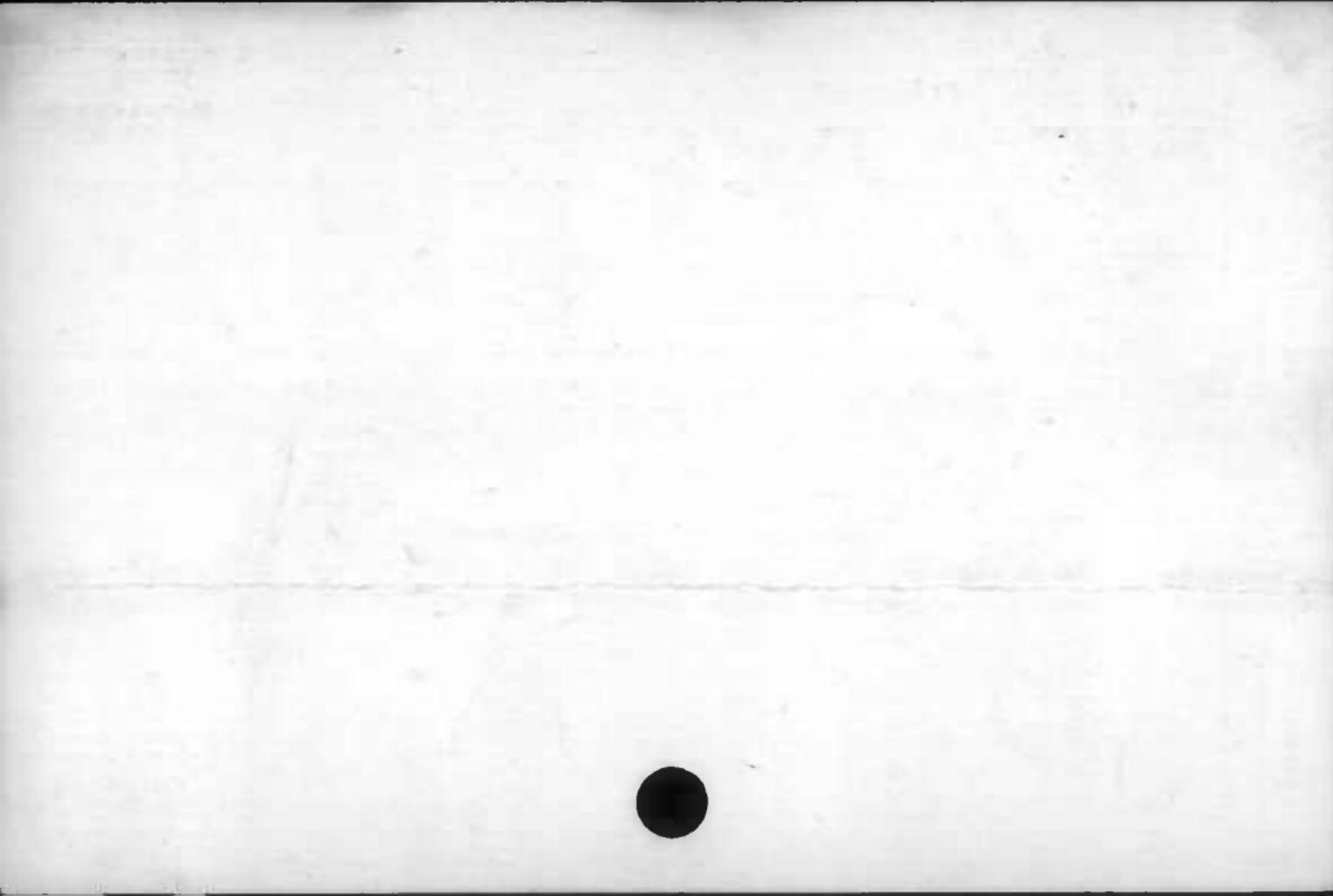
Accident or Suicide

Are the name, age, sex, color, date and place correctly given above?

yes

Signature of Physician

Address



Name  
in  
Full

TO BE ANSWERED BY  
NEAREST FRIEND

PHYSICIAN  
OR CORONER

Janett E. Wallau

CERTIFICATE OF DEATH

MARYLAND

Died at Street

Town

County

Years

Months

Days

Date  
of death 1960

Month

Day

Age

Sex Female  
Occupation

Color or  
Race

White

Birth-  
place

and.

Married, Single  
or Widowed

Single

Name of Wife or  
Husband

Father's  
Name

Janeth Wallau

Father's  
Birthplace

Mother's  
Maiden Name

Wetter Heaps

Mother's  
Birthplace

Name of person giving  
Information

Blanch Wallau

How related  
to deceased

Primary

Meningitis

61

v

How long

2 weeks

Immediate

Are the name, age, sex, color, date  
and place correctly given above?

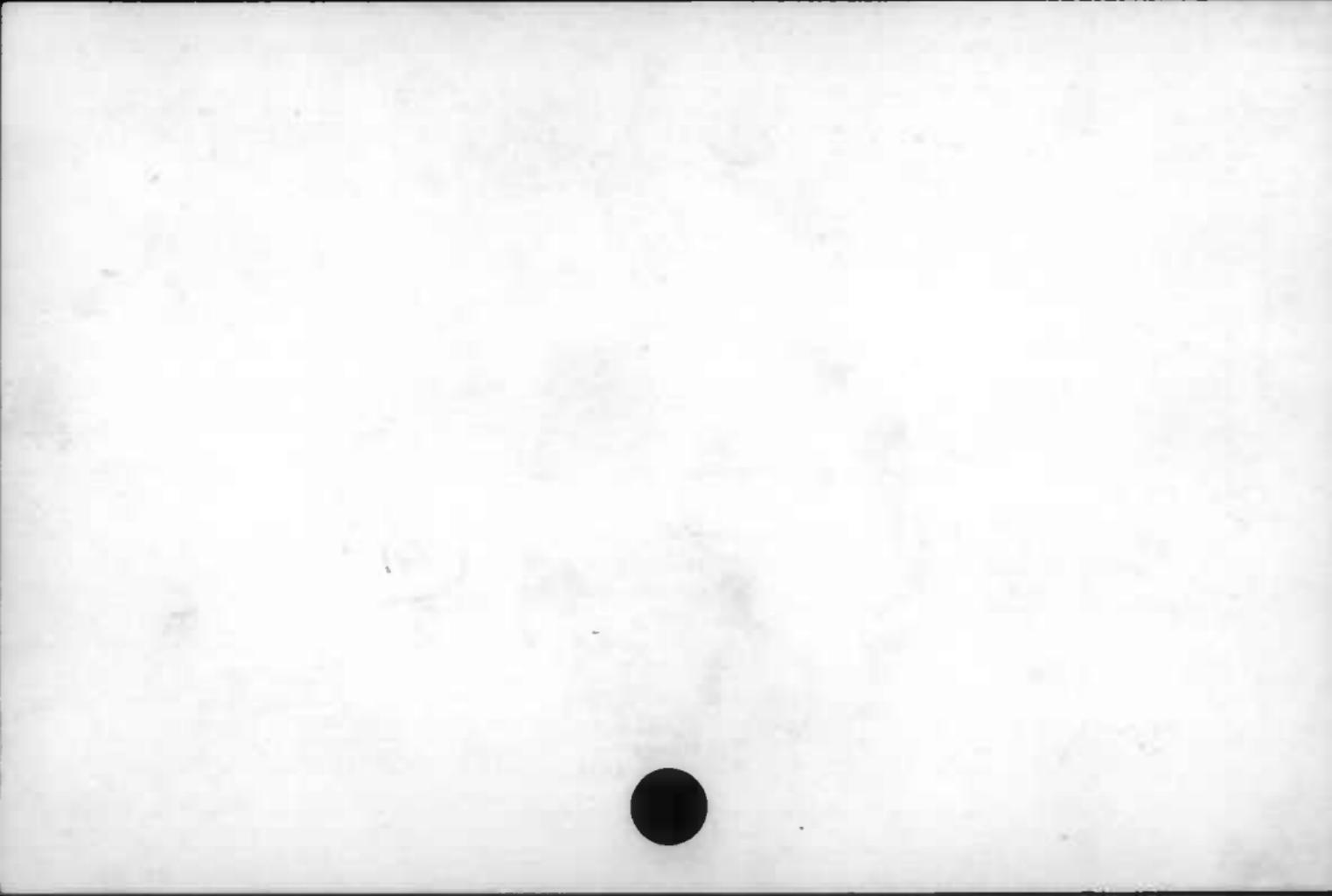
Signature of  
Physician

Address

Yes

C. J. Damous  
Street and.

Accident or Suicide



Name  
in  
Full

Louisa Wallace

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Town: Street: County: Howard  
Died at: Month: Day: Years: Months: Days:  
Date of death: 1900 Month: 19 Day: 19 Age: 65  
Sex: Female Color or Race: white Birthplace: Md.  
Occupation: House Wife Where Residing if not at place of death: Street and.  
Married, Single or Widowed: Widow Name of Wife or Husband: Samuel Wallace  
Father's Name: Andree Howlett Father's Birthplace: Md.  
Mother's Maiden Name: Mary Scarborough Mother's Birthplace: Md.  
Name of person giving Information: Ella Wallace How related to deceased: Daughter  
28

CAUSES OF DEATH

Primary

Tuber cecum boes

How long

2 years

How long

Immediate

Are the name, age, sex, color, date and place correctly given above?

yes

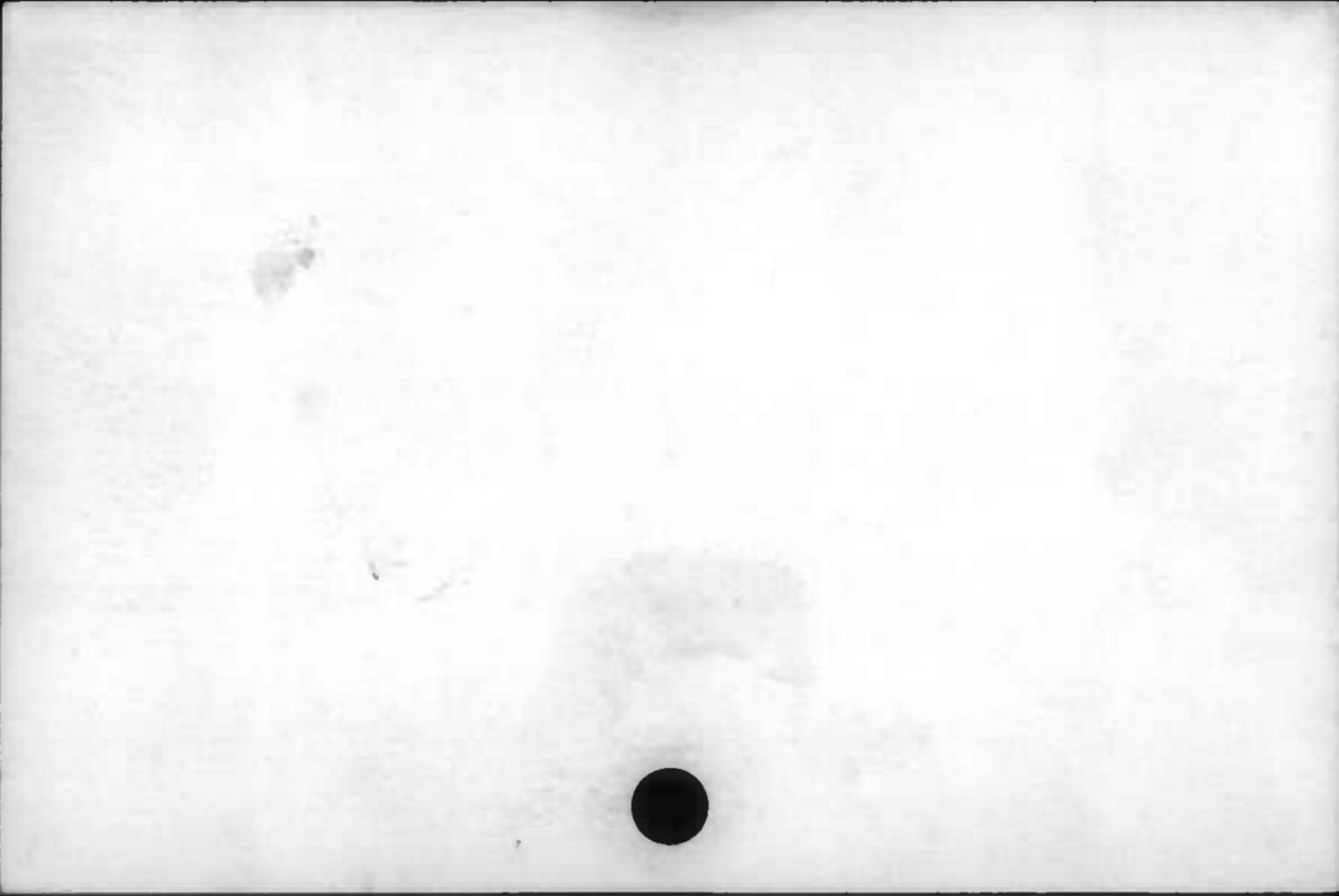
Signature of  
Physician

Address

C. Goffamous  
Street.  
Md.

PHYSICIAN  
OR CORONER

Accident or Suicide



Name  
in  
Full

Mary Ward

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at

Holmes

County

Howard

MARYLAND

Date  
of death

1950

Month

3

Day

31

Years

—

Months

—

Days

—

Age

—

Sex

Female

Color or  
Race

col

Birth-  
place

Ind

Occupation

Infant

Where Residing if not  
at place of death

Married, Single  
or Widowed

Name of Wife or  
Husband

Father's  
Name

Richard Ward

Father's  
Birthplace

Ind.

Mother's  
Maiden Name

Mary E. Mooney

Mother's  
Birthplace

Ind

Name of person giving  
Information

Rich. Ward

How related  
to deceased

Brother

CAUSES OF DEATH

151

Primary

Pneumonia

How long

✓

Immediate

How long

Are the name, age, sex, color, date  
and place correctly given above?

Yes

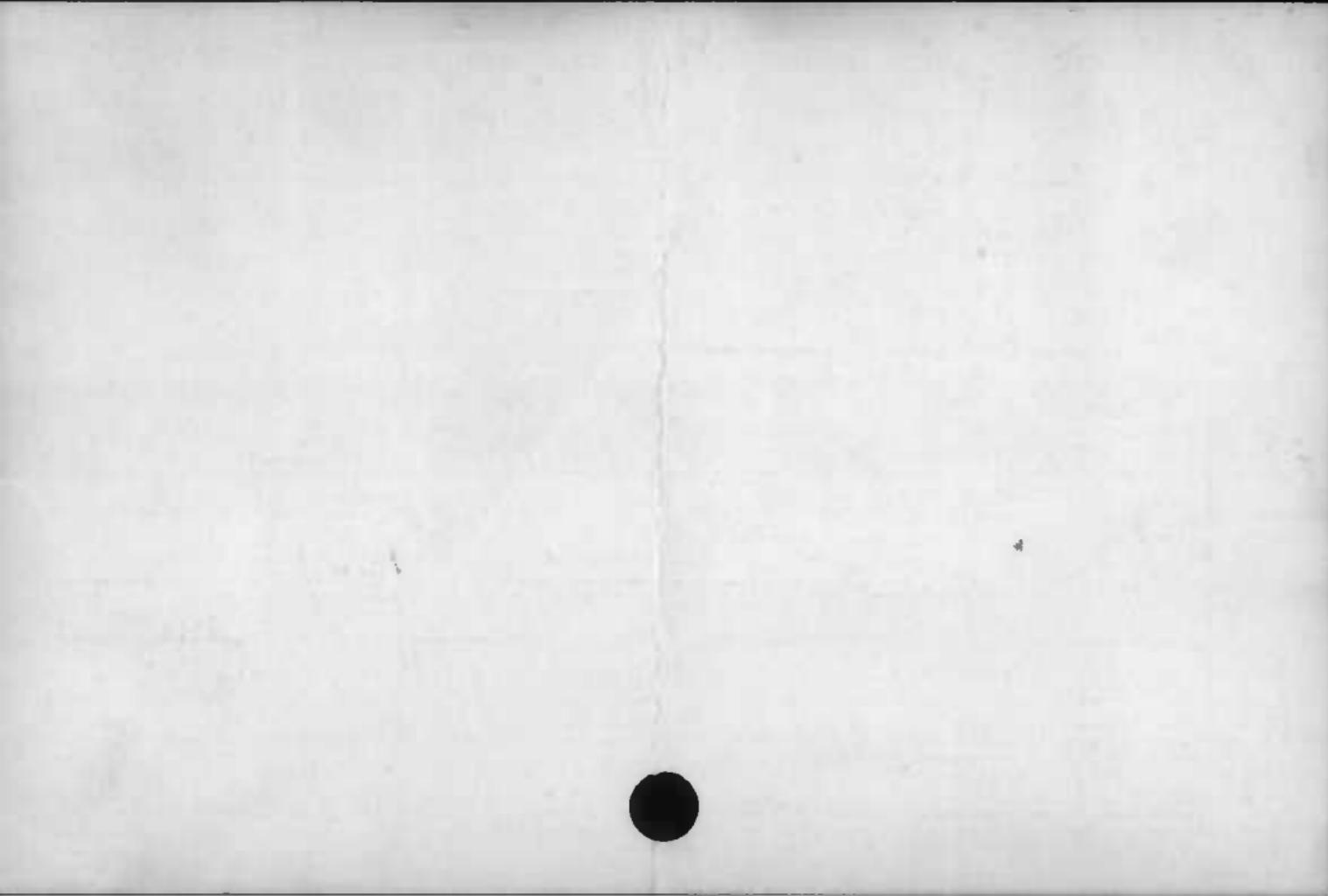
Signature of  
Physician

Address

J. Woodward  
Holmes

Accident or Suicide?

PHYSICIAN  
OR CORONER



Name  
in  
Full

Mary R Watters

CERTIFICATE OF DEATH

To BE ANSWERED BY  
NEAREST FRIEND

Died at <u>Darlington</u>		Town	County <u>Harford</u>		MARYLAND	
Date of death <u>1960</u>	Month <u>March</u>	Day <u>31st</u>	Age <u>87</u>	Years	Months	Days
Sex <u>Male</u>	Color or Race <u>White</u>	Birth-place <u>Thomas' Run</u>				
Occupation <u>Ex Justice of the Peace</u>		Where Residing if not at place of death <u>as above</u>				
Married, Single or Widowed	Name of Wife or Husband	Emily B. Formwood		Father's Birthplace	Thomas' Run	
Father's Name	<u>Daniel Watters</u>		Mother's Birthplace	Thomas' Run		
Mother's Maiden Name	<u>Sarah Cuff</u>		How related to deceased	Daughter		
Name of person giving Information	<u>Sallie B. Cole</u>					

CAUSES OF DEATH

89

✓

PHYSICIAN  
OR CORONER

Primary

Acute Bronchitis

How long

about 4 weeks

Immediate

oedema of lungs & general heart failure

How long

about 1 week

Are the name, age, sex, color, date and place correctly given above?

yes

Signature of Physician

Ephr Hopkins

Address

Darlington

Md

Accident or Suicide?

